

## Mountain Post Medical Simulation Training Center Advanced Medical Life Support (AMLS) Registration Form

Registration for the AMLS course is required and should be on file with the MSTC 30 days prior to the course start date. An AMLS card will be given to each Soldier who completes the course. Any questions please contact the MSTC at 719-526-2820, FAX 719-526-5351. For additional information go to website: www.carson.army.mil/mstcl

Class Da	ates: to			
Last Name:		First Name:	MI	
Rank:	SSN:	PMOS	ET\$:	
Unit:		Duty Phone	Home Phone	
Email add	ress:	NREMT-P Expiration D	ate	
COMPON	IENT (please circle one) RA / A	AR / NG / AF / Other		
	sites: Flight Paramedics have priority NREMT-Paramedic	for this class.		
•		with the completed registration form: _Health Care Provider BLS card card		
will cause	me to be dropped and my Plato	on the first day of class, building #2130. oon Sergeant, First sergeant, or Command It as a No Show in ATRRS. Uniform for tra		
Signature:		BLS Expira	BLS Expiration date (month/year):	
PLATOOI	N SERGEANT			
Signature	:			
Rank:	Last Name:	First Name:	Phone:	
UNIT COI course.	MMANDER or FIRST SERGEA	NT is the approving authority and valida	ates that the above Soldier will attend this	
		norization to attend the course on the ale (CQ, SDO, etc) and will not miss any tr	pove dates and has no further additional raining time.	
Command	der/1SG Signature:			
Rank:	Last Name:	First Name:	Phone:	
		Privacy Act Statement		

Disclosure of Social security Number (SSN) is voluntary however, failure to provide SSN will result in the inability to properly credit training

information into the required databases. Authority: 10 U.S.C. 3013 and E.O. 9397 (SSN).

Mountain Post MSTC Form AUG 2017